

Date: _____

I, _____, have discussed Advance Health Care
(PCP Name)

Directives with _____ on _____
(Patient Name) (Date)

and have given a copy of the Advance Health Care Directive form to the patient.

PCP Signature

I, _____, acknowledge discussing Advance
(Patient Name)

Health Care Directives with my PCP, _____,
(PCP Name)

on _____.
(Date)

- ? I received a copy of the Advance Health Care Directive form.
- ? I declined a copy of the Advance Health Care Directive form.
- ? I already have an Advance Health Care Directive and have given a copy to my PCP noted above.

Patient Signature